NON DESIGNATED SENTINEL EVENT REVIEW FORM - 2013

Initial Entry Date: 4/8/2013 Form Id: Legal

Received: ✓ Notification 5/2/2013 ✓ Forms and Medical Record 5/2/2013

Patient Name *Green, Kelly* **Inmate ID** *1524456* **Date of Event** *12-Feb-13*

Day of Week Tue

Site Name	Site #	Region	Facility	Today's Date
Lane County Adult Detention Center	90806	West	Jail	18-Apr-13

HSA	Sex	Age	Birth Date	Custody Date
Kevin Mishler	Male	27	21-May-85	20-Dec-12

Type of Event Unexpected neurological impairment

If other:

No. 132
Date 10/7/14
Montoya
CC Reporting

Physician Review Tracking

Site Medical Director Review	Regional Medical Director Review	Sentinel Event Committee Review
Cat. 4	Cat. 4	Sentinel Event Com. Cat 1
Name: Montoya, Justin, MD	Name: Orr, Harold, MD	Risk Management Cat. A

SEC Status	Preliminary SEC Review	SEC Conference Call	SEC Final Review	✓ Chart Scanned
Completed	TM		5/28/13	5/2/13 BA

This Quality Improvement document is confidential and protected by legal privilege in accordance with State Peer Review Laws

CORIZON

NON DESIGNATED SENTINEL EVENT REVIEW FORM

Form must be Complete and Legible.
CONFIDENTIAL - DO NOT FILE IN PATIENT'S RECORDS
TO BE SUBMITTED TO CORIZON CLINICAL SERVICES DEPARTMENT ONLY

Site Name (Do Not Abbreviate)	Site Number	Date of Event
LANE Co. Jail	90806	12/12/13
Patient Name Last: Green	First: Kelly MI: C	Custody Date: 12/20/12
Inmate Number: 1529456	Sex: ☑ Male ☐ Female	Birth Date: 5/12/85
		Date: 4/15/13

THIS FORM IS TO BE USED ONLY WHEN USE OF A SPECIFIC SENTINEL EVENT REVIEW FORM DOES NOT EXIST

Non Designated Sentinel Events include events for which it may be alleged that Corizon failed to provide appropriate care. These events may have errors of omission/commission associated with opportunities for improvement in systems or processes.

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Check the Type of Event:
- ☐ Loss of limb
- ☐ Visual or hearing impairment or loss
- ☑ Neurological Impairment / Paralysis / Brain Damage
- ☐ Reproductive organ impairment or loss
- ☐ Pregnancy related complications: ☐ Ruptured ectopic ☐ Fetal demise ☐ On-site delivery
- ☐ High Profile events in the media/news
- ☐ Other as identified as potentially high risk _____

INTAKE:	COMPLETE	INCOMPLETE	MISSING	N/A	COMMENTS / FINDINGS
Intake screening process performed	☐	☑	☐	☐	
Current medications ordered	☐	☐	☐	☑	
Continuation of care orders implemented	☐	☐	☐	☑	
HEALTH ASSESSMENT:					
H&P completed per policy	☐	☑	☐	☐	H was inappropriate
Mental Health evaluation performed	☑	☐	☐	☐	
Continuation of care orders implemented	☐	☐	☐	☐	
SICK CALL:					
Timely access to care	☑	☐	☐	☐	
Referrals made as appropriate	☑	☐	☐	☐	
CHRONIC CARE:					
Routinely evaluated per policy	☐	☐	☐	☑	
Treatment plan followed	☐	☐	☐	☑	
Abnormal tests acted on as appropriate	☐	☐	☐	☑	
MEDICAL RECORDS:					
Record is complete and orderly	☑	☐	☐	☐	
Refusals documented per policy	☐	☐	☐	☑	
Master Problem List complete	☐	☑	☑	☐	
TRANSFER PROCESS:					
Transfer summary accurate	☑	☐	☐	☐	
Continuation of care implemented	☐	☐	☐	☐	

Attach Typed Narrative Summary (Include identified areas needing corrective action for all Category 3 and 4 events)

SMD Category: ☐1 ☐2 ☐3 ☑4

Last	First	MD/DO	Initial	Date
Montoya-Lobo		MD	[illegible]	5/1/13

Site Medical Director

RMD Category: ☐1 ☐2 ☐3 ☑4

Last	First	MD/DO	Initial	Date
[illegible]		MD	[illegible]	4/18/13

Regional Medical Director

Fax Completed Form to: Brentwood (Jail) 877-729-7053
St. Louis (DOC) 888-016-4476

Form J - Site Designated Sentinel Event Review Form
Revised January 1, 2012

To: Patient Safety Committee

Re: Kelly Green # 1524456 date of Event 2/12/2013

Corrective Action Plan: summary of case

A review of the care issues surrounding this case raise a number of concerns that need to be addressed. The presenting history was an inmate who had rammed his head against a wall with sufficient force to injure himself with head laceration and other less obvious injuries. He had significant bleeding and lacerations on his head that required immediate attention. Notes include observations of no LOC and no paralysis. He apparently complained that he was "paralyzed" but he was moving all four extremities. There was a charted notation of neurological examination being "grossly intact". The components of that neuro examination are missing. The charting does not mention any active testing of strength to evaluate motor function. But there was a concern about a possible cervical injury as the chart mentions the c-spine being held supported during the initial evaluation. The inmate was transported to clinic for further evaluation and treatment of lacerations requiring suturing. There are no notes that inform the reader that the c-spine was secured or that the inmate was placed on a back board during transportation. As the attached notes by Dr. Montoya and myself bear out after the patient was sutured during that time period the practitioner was informed that the inmate's release was imminent. Again the chart supports concerns on the part of the practitioner of possible neurological issues as part of the A/P was for the inmate to have neuro checks every 1-2 hours. Inherent in that request seems to be an understanding that his release may have taken hours to be completed. As the case unfolded his release from custody was protracted and during that period time the inmates' neurological status had worsened requiring immediate transfer to the ED.

Recommendations for CAPs:

1. There must be a mandatory in-service scheduled for all clinicians and clinical staff regarding the approach as well as handling of the more common head and neck injuries i.e. including the indication and use of cervical collars and back boards. The RMD and RCSM should be notified of the scheduled training and its completion by all required staff.
2. Effective immediately all chart entries must be signed / timed and dated. In this case the lack of timed documentation makes the accurate assessment of the flow of events speculative and difficult. To ensure compliance an audit of charts which reflects 10% of the inmates seen in a particular month should be completed monthly to ensure that this documentation is being done. Audit tools to enhance this process can be obtained from J. Slencak RCSM
3. Review with all clinical staff that all clinician orders must be written on standard order sheets which allows for those orders to noted and signed off appropriately by the nursing staff.

Respectfully Submitted

Sentinel Event Report

Prepared by: Justin Montoya, MD

Site Medical Director, Lane County Adult Corrections #90806

Inmate: Green, Kelly #1524456

Event Date: February 12, 2013

Report Date: April 23, 2013

For this reports I have reviewed chart notes, log notes from deputies, and verbal report from Kris White, PA

- Approximately 11:00
  - Kelly Green (Green) reportedly smashed head into wall in or around courtroom while handcuffed. Medical staff including Kris White, PA (KW) responded.
  - Chart note- untimed- indicates patient with 2 large lacerations to scalp. Green responding to simple questions but not appropriate. Reported being "paralyzed" but moving all extremities. Also reported not being able to hear KW because "ears paralyzed".
  - Deputy log indicates Green crossed his own legs while lying on floor.
  - KW reports c-spine was non-tender on exam
- 11:15
  - After being "cleared" by KW patient transported to segregation by wheelchair
  - I believe it was at this point that his head wounds were sutured in Medical Clinic
  - Order for neuro check q 1-2 hour
  - Per KW verbal report she and temporary HSA (Vicki) indicated Green needed to be transported to hospital. They were told by deputy he would be released shortly and would get a courtesy drop-off at hospital. KW states she was not aware the patient had been housed
- Approximately 11:47
  - Deputy log indicates patient had not moved, reported to medical. Medical (nurse? not documented) asked if Green was breathing. When told he was breathing nursing informed they would check on Green later in day.
- 13:45
  - Deputy log indicated deputy again informed medical patient had not moved positions. Deputy indicates he had spoken to Green prior to that call
- 15:30
  - Medical contacted by deputy checked on Green. Green reported "I think I'm paralyzed." Per deputy unable to move upper or lower extremities.
  - Deputy personally talked with nurses who evaluated Green.
  - KW and nurse evaluated patient and determined he needed transport to hospital. Per KW note (not timed) patient unable to squeeze fingers with hands or plantarflex ankles.

Green hypotensive and bradycardic. Green reportedly moving head and neck without apparent discomfort

- 15:50 Nurse Leah took patient vitals
- 16:16 Medical personnel cleaned patient stool and place adult undergarment
- 16:50 Medics arrive to transport patient to hospital

- Problem #1 Incomplete documentation
  - Recommendation: All chart notes and orders need to be signed/ timed/ and dated
  - Implementation: Immediate
- Problem #2 Patient with concern for possible spinal injury cleared without imaging
  - Recommendation: All patients with possible spinal injury receive imaging before being cleared
  - Implementation: Immediate
- Problem #3 Patient with possible spinal injury not placed in C-collar or on spine board.
  - Recommendation: All Patient with possible spinal injury not placed in C-collar or on spine board until cleared
  - Implementation: Immediate
- Problem #4 No C-collar or spine board
  - Recommendation: Obtain C-collar and spine board for clinic
  - Implementation: completed, supplies obtained
- Problem #5 Order for Neuro check not written in orders, only on progress note
  - Recommendation: All nursing orders to be written in order sheet
  - Implementation: Immediate
- Problem #6 Neuro checks not done
  - Recommendation: All nursing orders to be written in order sheet
  - Implementation: Immediate
- Problem #7 Medical follow-up not done because staff believed the patient was being released
  - Recommendation: Institute process to ensure all medical follow-up is done until confirmed release. HSA should be involved in this planning
  - Implementation: Immediate

CORIZON

SENTINEL EVENT REVIEW COMMITTEE FEEDBACK

The Corizon Sentinel Event Review Committee has reviewed the Sentinel Event submitted by your facility regarding patient Kelly Green.

X The committee ***agrees*** with the SMD/RMD assessment that this event is a Category 4.

_____We commend your efforts to manage this patient's healthcare appropriately.

_____There are preventable errors of omission/commission associated with opportunities for improvement in systems/processes, please submit those areas identified with a Corrective Action Plan.

X____Corrective Action Plan regarding preventable errors of omission/commission associated with opportunities for improvement in systems/process was received, no further action necessary at this time.

_____ The committee ***disagrees*** with the _____ assessment of Category _____/_____ and instead assigns this event as a Category _____.

_____The Committee commends your efforts to manage this patient's healthcare appropriately.

_____Since there are preventable errors of omission/commission associated with opportunities for improvement in systems/processes, please submit those areas identified with a Corrective Action Plan.

_____Corrective Action Plan regarding preventable errors of omission/commission associated with opportunities for improvement in systems/process was received, no further action necessary at this time.

Comments/Explanation:
Also noted incomplete intake from 12/20/12. It does not appear intake was ever completed.

CORIZON

SENTINEL EVENT NOTIFICATION FORM

Form must be Complete and Legible.
CONFIDENTIAL - DO NOT FILE IN PATIENT'S RECORDS
TO BE SUBMITTED TO CORIZON CLINICAL SERVICES DEPARTMENT ONLY

Site Name (Do Not Abbreviate)	Site Number	Date of Event
LANE COUNTY JAIL	90806	2/12/13
Patient Name Last Green II First Kelly MI C.		Custody Date 2/11/13
Inmate Number 1524456	Sex ☒ Male ☐ Female	Birth Date 5/21/85
		Date 4/12/13

Please check the type of event which occurred:

Type of Event

Designated

- ☐ Mortality
- ☐ Completed Suicide
- ☐ DKA
- ☐ Medication Error
- ☐ MRSA Infection
- ☒ Suicide Attempt
- ☐ Status Asthmaticus
- ☐ Ruptured Viscus

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Non-Designated

- ☐ Loss of Limb
- ☐ Vision Impairment / Loss
- ☐ Hearing Impairment / Loss
- ☒ Unexpected Neurological Impairment
  - ☒ Paralysis
  - ☐ Brain Damage
- ☐ Unexpected Reproductive Organ Impairment / Loss (Child-bearing age)
- ☐ Pregnancy Related Complications
  - ☐ Ruptured Ectopic
  - ☐ Fetal Demise
  - ☐ Any On-Site Delivery (Precipitous Birth)
- ☐ High Profile (Media, Client Attention)
- ☐ Other _____

Completed by: Kevin Mishler RN HSA
Name (Please Print Legibly) Title

Fax Completed Form to 877-729-7053

Form A - Sentinel Event Notification Form
Revised January 1, 2013

CORIZON

Sentinel Event Committee Review Form

Demographics			
Reviewer: Tonya Mooningham	Facility: Lane County Jail		
Patient Name (Last, First Initial) Green, Kelly			Inmate #: 1524456
Date of Incarceration:	Date of Event: 02/12/2013		Day of Week: Tuesday
Patient DOB: 2/11/2013	Patient Age: 27	Gender: ☒ Male ☐ Female	
Type of Sentinel Event: ☐ Mortality ☐ Behavioral Health ☐ Non Mortality ☒ Non Designated			
Past Medical History (List Pertinent Diagnoses): Hx of paranoid schizophrenia			
Note pertinent medications:			

Succinct, Chronological Summary of "WHAT" Happened

Briefly summarize care prior to event: This SE was captured through our PLI team via the inmate's attorney and not reported from the site.

Primary circumstances leading up to and resulting in the event: PLI reported the following event: Mr. Green who hands were handcuffed behind his back at the time, became upset durign his court appearance and ran as fast he could with his head down before striking his head against the wall. This resulted in him splitting his head open with much blood on the floor of the courtroom. Following this incident, the patient was treated on the medical unit at the jail for the evaluation and treatment. Later that same day, the patient was sent to the ER for care. He apparently was found to have a fractured neck.

Describe event:

Post-event pertinent information (☐ N/A) : Event analysis by the site Patient Safety Committee: see report. Most concerning parts of the review: No documentation that the c-spine was secured or that the inmate was placed on a back board during transport.

CAP includes obtained a C-collar and spine board because these are not available at the site. Order for neuro checks not written in the physician orders, only written in the progress notes. Neuro checks not done, recommendation is that all nursing orders are to be written in the order sheet. Imaging must be performed on all patient's with suspected spinal injury before being released from medical

Summary of "HOW" It Happened

List Errors of Omission/Commission: See report

List System Defects (Consider environment/facility, tools [supplies/equipment], tasks, people, work flow, policy): see report

Best *Judgment* of "WHY"

Check possible contributing factors:

☒ Human error	☒ Documentation:	☒ System Defects
☐ Mistake	☐ Desensitization	☐ Labs
☐ At risk behavior/choice	☐ No use of NETS	☐ Medications
☒ Reckless behavior/choice	☐ Inappropriate Use of NETS	☐ Tasks
☐ Breakdown in communication	☐ Poor Documentation	☐ Policies & Procedures
☐ Lack of standard processes	☐ Failure to work as a team	☐ Work Flow
☐ Corizon policies and procedures not implemented/followed	☐ Training issue	☒ Supplies/Equipment
	☐ Knowledge issue	☐ Facility
☐ Lack of fail safes	☐ Decision making issue	☐ Other:
☐ Motivational issue	☐ Information/data lacking	
☐ Engagement	☐ Other:	
☐ Accountability		

Risk Management Analysis

☐ Failure to triage properly	☒ Training & Education
☐ Delay/failure in diagnosis	☐ Desensitization
☒ Delay/failure in treatment	☐ Repeat visits
☒ Failure to follow-up	☒ Timing
☒ Documentation	☐ Patient refusals
☐ NETs	☐ Other:

Case Analysis

What **corrective actions** need to occur? CAP includes obtained a C-collar and spine board because these are not available at the site. Order for neuro checks not written in the physician orders, only written in the progress notes. Neuro checks not done, recommendation is that all nursing orders are to be written in the order sheet. Imaging must be performed on all patient's with suspected spinal injury before being released from medical. See list for the entire CAP

SMD Cat4 RMD Cat 4 SEC Cat 4 ☒ A ☐ B ☐ C

Expedited Review-KG(?)NDSE

Sentinel Event Committee
Sent: Monday, April 08, 2013 12:49 PM
To: Mishler, Kevin
Cc: Slencak, Jennifer; Orr, Harold; Legg, Jeremy; Garcia, Joanna
Attachments: A Notification.pdf (30 KB) ; I Non Designated.pdf (31 KB)

Sentinel Event Review Request (PLEASE EXPEDITE)

The following sentinel event has been identified through Professional Liability. Please forward attached documents according to Corizon's sentinel event review policy and procedure to Clinical Services.

Facility:	**Lane County Jail**
Patient Name:	**Kelly Green**
Inmate #:	**Unknown**
Event Date:	**2/12/13**
Type of Event:	**NDSE**

Sentinel Event Committee
CORIZON
Fax: [illegible]
105 Westpark Drive | Suite 200 | Brentwood, TN 37027
http://www.corizonhealth.com/

FW: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

Andersen, Briana
Sent: Monday, April 08, 2013 7:51 AM
To: Sentinel Event Committee
Importance: High

Please request an expedited sentinel event review of the below case from Lane County.

Briana Andersen, J.D.
Associate Patient Safety Officer
Corizon Corporate Office

From: Haggard, Rebekah
Sent: Monday, April 08, 2013 7:49 AM
To: Andersen, Briana
Cc: Herron, Britt
Subject: RE: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

YES! Please get an **expedited** SE review....and I will likely add a PLI with it....

Rebekah Haggard, MD, CHCQM, CCHP
Vice President, Patient Safety Officer
Corizon Corporate Headquarters
Office: 615-376-1317
Fax: 615-309-9421
105 Westpark Drive | Suite 200 | Brentwood, TN 37027

From: Andersen, Briana
Sent: Monday, April 08, 2013 6:41 AM
To: Haggard, Rebekah
Subject: FW: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

Please see Britt's email below. Should we request that the site report this as a Non Designated event?

Briana Andersen, J.D.
Associate Patient Safety Officer
Corizon Corporate Office

From: Herron, Britt
Sent: Friday, April 05, 2013 4:13 PM
To: Andersen, Briana
Subject: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

Briana,

Earlier this week, we received a letter from an attorney representing this inmate. The attorney states in his letter that his client "struck his head while making an in-custody court appearance" and that he is now permanently paralyzed. The attorney further indicates that he intends to pursue a claim against Corizon and its

staff in connection with the injuries sustained by Mr. Green

From what I understand right now, Mr. Green, whose hands were handcuffed behind his back at the time, became upset during his court appearance and ran as fast as he could with his head down before striking his head against the wall. This resulted in him splitting his head open, and there was much blood on the floor of the courtroom. Following the incident in the courtroom, Mr. Green was brought to the medical unit at the jail for evaluation and treatment. Later on that same day, he was sent to the emergency room for care. He apparently was found to have a fractured neck.

Per Schuronda, this was not reported as a sentinel event by the site. Would this be an event the SE Committee should review? Or should we instead proceed with requesting a PLI review given the apparent severity of the injury sustained by Mr. Green?

Britt W. Herron
Sr. Litigation Manager / PL Claims Department

CORIZON

Office: 615-660-6826
Cell: 615-519-0186
Fax: 615-309-9402
Email: britt.herron@corizonhealth.com

105 Westpark Drive | Suite 200 | Brentwood, TN 37027
www.corizonhealth.com

From: Herron, Britt
Sent: Wednesday, April 03, 2013 3:57 PM
To: Hodge, Schuronda
Subject: RE: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

Okay thanks. I will check with the HSA to see what he can tell me.

Britt W. Herron
Sr. Litigation Manager / PL Claims Department

CORIZON

From: Hodge, Schuronda
Sent: Wednesday, April 03, 2013 3:56 PM
To: Herron, Britt
Subject: RE: Patient/Inmate - Kelly Green, Site - Lane Co. Jail, DOI - 2/12/2013

CORIZON

MASTER PROBLEM LIST

Inmate Name (Last, First)	Inmate #	Date of Birth	Sex
Macin, Kelly Conrad II	1524456	5-21-85	(X) Male ( ) Female
NKDA or Allergies		Special Needs	

CHRONIC CARE

#	Date	Diagnosis	#	Date	Diagnosis
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

TEMPORARY (Short Term) PROBLEMS

#	Date	Diagnosis	#	Date	Diagnosis
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

INTAKE AND PERIODIC HEALTH ASSESSMENT

#	Date	H & P
1		
2		
3		
4		
5		
6		

MEDICAL RESTRICTIONS

#	Date	Medical Restrictions
1		
2		
3		
4		
5		
6		

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PPD INFORMATION ☐ HISTORY OF PAST POSITIVES

#	Date Read	Result in mm	CXR Date (if indicated)	CXR Results	#	Date Read	Result in mm	CXR Date (if indicated)	CXR Results
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

IMMUNIZATIONS

#	Date	Immunizations	Comments
1			
2			
3			
4			
5			
6			

Intake not complete due to pt's mental condition.

CORIZON

INTAKE RECEIVING AND SCREENING LANE COUNTY JAIL

LAST NAME	FIRST NAME	MI
Green	Kelly	C

STATE ID	VISIT ID	ALIAS	DOB
1524456			5/21/85

DATE	TIME		SEX	SOCIAL SECURITY NUMBER
12 / 20 / 12	09:00	☒ AM ☐ PM	☐ MALE ☐ FEMALE	- -

Intake Refused? ☐ Yes ☒ No

Most Recent Incarceration: ☐ None When? _____ Where? _____

Have you ever been incarcerated here? ☐ Yes ☐ No If yes, when? _____

Inmate Transfer? ☐ Yes ☐ No If yes, records received? ☐ Yes ☐ No

☐ Interpreter Used Name: _____

Primary Care Provider: ☐ None Name: _____

Private Insurance: ☐ None Name: _____

CRITICAL OBSERVATION

Urgent/Emergent Medical Referral
☐ Yes ☒ No Indication
☐ Severe Injury ☐ Life Threatening Illness ☐ Uncontrolled Bleeding
☐ Severe Pain ☐ Head Trauma w/Mental Status Change
☐ Other _____

Responsiveness: ☐ Alert ☐ Verbal Stimulus ☐ Painful Stimulus ☐ Unresponsive
Describe Responsiveness _____
Oriented To: Person ☐ Yes ☐ No; Place ☐ Yes ☐ No; Time ☐ Yes ☐ No
Describe _____

Urgent/Emergent Security Referral
☐ Yes ☒ No
☐ Uncooperative ☐ Threatening
☐ Other _____

Urgent/Emergent Mental Health Referral
☐ Yes ☐ No
Reason _____
☐ Active Hallucinations ☐ Active Delusions
☐ Actively Suicidal
☐ Other _____

Communicable Diseases: Possible

MRSA	☐ Yes	☐ No
Varicella (Chicken Pox)	☐ Yes	☐ No
Herpes Zoster (Shingles)	☐ Yes	☐ No
Lice/Pediculosis	☐ Yes	☐ No
Jaundice	☐ Yes	☐ No
Needlemarks	☐ Yes	☐ No

Other _____

Mobility Restrictions
☐ Yes ☐ Deformity ☐ Cast ☐ Paraplegic
☒ No ☐ Amputation ☐ Splint ☐ Quadriplegia
☐ Other _____

Physical Aids
☐ Yes ☐ Wheelchair ☐ CPAP
☒ No ☐ Crutches/Canes
☐ Other _____

Deaf
☐ Yes ☒ No
☐ Right ☐ Left ☐ Both
☐ Other _____

Blind
☐ Yes ☒ No
☐ Right ☐ Left ☐ Both
☐ Other _____

VITAL SIGNS ☐ One or more vital signs refused

Height	Weight	Temperature	Blood Pressure (Recheck, if indicated)	Pulse ☐ A ☐ P	Respirations	Pulse Ox	Finger Stick	Peak Flow
_____ ☐ Act ☐ Rptd	_____ lbs ☐ Act ☐ Rptd	_____	_____ Initial _____ Recheck *	_____ Initial _____ Recheck *	_____ Initial _____ Recheck *	_____ Initial _____ Recheck *	_____ Initial _____ Recheck *	_____ Initial _____ Recheck *

HISTORY

Recent Major Surgical History (within 90 days)
☐ Yes ☐ No
☐ Brain Surgery ☐ Heart Surgery
☐ Abdominal Surgery ☐ Other _____

Recent Medical Hospitalizations (within 90 days)
☐ Yes ☐ No
If yes, describe _____

Ever had a transplant? ☐ Yes ☐ No
☐ Kidney ☐ Other _____
Current medication for organ transplant? ☐ Yes ☐ No

Female History ☒ N/A
Date of Last Menstrual Period? _____
Are you currently pregnant? ☐ Y ☐ N ☐ Maybe / Don't Know
Pregnancy Test Result ☐ Pos ☐ Neg ☐ Scheduled ☐ N/A
Fingerstick Result (if pregnancy test Positive) _____
Have you delivered, had a miscarriage, or abortion in the past 12 weeks? ☐ Y ☐ N

Pregnancies
Full Term _____
Last Pregnancy? _____
Premature _____
Abortions _____
Last abortion? _____
Living _____

Pap Smear ☐ Unknown ☐ None
Date of last _____
Result ☐ Normal ☐ Abnormal ☐ Don't Know

Mammogram ☐ Unknown ☐ None
Date of last _____
Result ☐ Normal ☐ Abnormal ☐ Don't Know

PRE-ADMISSION MEDICATIONS ☐ None ☐ Unknown ☐ See Attached Form

NAME	DOSE	SIG	ROUTE	LAST DOSE	REASON	VERIFIED
Abilify	15mg		po	2-3 months ago	Bipolar/ Schizophrenia	☐
						☐
						☐
						☐

ALLERGIES – Do you have any allergies (food, medication, environmental)? ☐ Yes ☐ No ☐ See Attached Form

ALLERGY	REACTION TYPE (Hives, Rash, SOB, Anaphylaxis, Shock)	ALLERGY	REACTION TYPE (Hives, Rash, SOB, Anaphylaxis, Shock)

ALCOHOL USE

Do you drink alcohol? ☐ Yes ☐ No
What? _____
Last Use? _____
How much? _____
How often? _____
Excessive Drinker? ☐ Yes (CIWA) ☐ No
Ever had alcohol withdrawals, tremors, seizures, or DT's associated with stopping alcohol? ☐ Yes (CIWA) ☐ No
If yes, when? _____

TOBACCO USE

Do you smoke?
☐ Current ☐ Former ☐ Never
Amount? _____ packs/day
How long? _____

SUBSTANCE/DRUG USE

Do you use drugs? ☐ Yes ☐ No
Do you use injectable drugs? ☐ Yes ☐ No Last use of injectable drugs? _____

	How often?	How much?	Last use?	
☐ Heroin				☐ Hx of withdrawal
☐ Narcotics				☐ Hx of withdrawal
☐ Benzodiazepines				☐ Hx of withdrawal
☐ Methamphetamines				
☐ Cocaine				
☐ Other _____				

COMMUNICABLE DISEASES

Hepatitis
Have you ever had hepatitis? ☐ Yes ☐ No
Hep A? ☐ Yes ☐ No
Hep B? ☐ Yes ☐ No ☐ Hx of treatment
Hep C? ☐ Yes ☐ No ☐ Hx of treatment

STD's
Do you currently have an STD? ☐ Yes ☐ No
☐ Syphilis? ☐ Being Treated
☐ Gonorrhea? ☐ Being Treated
☐ Chlamydia? ☐ Being Treated
☐ Herpes? ☐ Being Treated
☐ Other? _____ ☐ Being Treated
Do you currently have symptoms? ☐ Yes ☐ No
Describe _____

HIV/AIDS
Do you have HIV infection or AIDS? ☐ Yes ☐ No
Are you currently taking medication(s)? ☐ Yes ☐ No

TB Symptoms
Do you have?
Weight loss ☐ Yes ☐ No
Night Sweats ☐ Yes ☐ No
Fever ☐ Yes ☐ No
Persistent Cough > 2 weeks ☐ Yes ☐ No
Coughing Blood ☐ Yes ☐ No
Weak/Tired ☐ Yes ☐ No

TB Skin Test
Prior + PPD? ☐ Yes ☐ No ☐ Don't Know
Current TB medication? ☐ Yes ☐ No
Current LTBI medication? ☐ Yes ☐ No
Plant PPD Now? ☐ Yes ☐ No
If no, Reason _____
Location? ☐ LFA ☐ RFA
Date Planted _____ Planter's Initials _____

CHRONIC ILLNESSES

Asthma
Do you have asthma? ☐ Yes ☐ No
How long? _____
Last episode of shortness of breath? _____
ER visit in last 90 days? ☐ Yes ☐ No
If yes, when? _____
Hospitalization in last year? ☐ Yes ☐ No
If yes, when? _____
Ever intubated? ☐ Yes ☐ No
If yes, when? _____
Currently on steroids? ☐ Yes ☐ No
Peak Flow ( )

Cardiovascular Disease (ask each question)
Have you ever had any of the following problems with your heart:

Angina?	☐ Yes ☐ No	Atrial Fibrillation?	☐ Yes ☐ No
Stents?	☐ Yes ☐ No	Pacemaker?	☐ Yes ☐ No
Heart Attack?	☐ Yes ☐ No	Internal Defibrillator?	☐ Yes ☐ No
Bypass Surgery?	☐ Yes ☐ No	Endocarditis?	☐ Yes ☐ No
CHF?	☐ Yes ☐ No	Blood clot in lungs or legs?	☐ Yes ☐ No
Heart valve replacement?	☐ Yes ☐ No	Are you taking Warfarin, Coumadin, or Jantoven?	☐ Yes ☐ No

Date of onset: _____ Last episode: _____
Comments

Cerebrovascular Disease
Have you ever had a:
CVA (Stroke)? ☐ Yes ☐ No
When was last? _____
Within past year? ☐ Yes ☐ No
TIA (Mini-Stroke)? ☐ Yes ☐ No
When was last? _____
Within past year? ☐ Yes ☐ No
Comments _____

Diabetes
Have you ever had diabetes or a problem with high blood sugar? ☐ Yes ☐ No
How long? _____
Are you currently taking medication(s)? ☐ Yes ☐ No
Are you currently taking insulin? ☐ Yes ☐ No
Hospitalization in last year? ☐ Yes ☐ No
If yes, when? _____
Finger Stick ( )
If Finger Stick > 300, ask the following
Nausea? ☐ Yes ☐ No
Vomiting? ☐ Yes ☐ No
Excessive thirst? ☐ Yes ☐ No
Urine Ketones (Indicated) ( )

Hypertension
Have you ever had high blood pressure or hypertension? ☐ Yes ☐ No
How long? _____
Are you currently taking medication(s)? ☐ Yes ☐ No

Epilepsy/Seizure
Have you ever had a seizure or convulsion? ☐ Yes ☐ No
Last Seizure? _____
Frequency greater than once a month? ☐ Yes ☐ No
Two or more anticonvulsants? ☐ Yes ☐ No

Gastrointestinal
Have you ever been treated for problems with stomach or bowels? ☐ Yes ☐ No
Have you ever vomited blood? ☐ Yes ☐ No Frequency? _____ Last? _____ Comments _____
Ever had dark, black stools from bleeding? ☐ Yes ☐ No Frequency? _____ Last? _____ Comments _____
Have you ever been told you have cirrhosis? ☐ Yes ☐ No Comments _____

Cancer
Have you ever had cancer? ☐ Yes ☐ No
Do you currently have cancer? ☐ Yes ☐ No ☐ Unknown
Are you currently being treated for cancer? ☐ Yes ☐ No

Dialysis
Are you currently on dialysis? ☐ Yes ☐ No
Are you receiving your dialysis treatments? ☐ Yes ☐ No
Type? ☐ Hemodialysis ☐ Peritoneal
Number of times per week? _____
Last dialyzed? _____

COPD/Emphysema
Do you have COPD or emphysema? ☐ Yes ☐ No
O2 dependant? ☐ Yes ☐ No
Peak Flow ( )

Other Current Significant Medical Conditions: Referral Needed? ☐ Yes ☐ No

MENTAL HEALTH

Do you have a history of a mental health disorder? ☒ Yes ☐ No		Have you been diagnosed with schizophrenia? ☒ Yes ☐ No	
Have you been diagnosed as bipolar? ☐ Yes ☐ No		Have you been diagnosed with major depression? ☐ Yes ☐ No	
Do you feel hopeless or helpless? ☐ Yes ☐ No	History of psychotropic medication(s)? ☐ Yes ☐ No	History of psych hospitalization? ☒ Yes ☐ No Within last year? ☐ Yes ☒ No ~ 1½ yrs ago	
History of hearing things? ☒ Yes ☐ No	History of seeing things? ☒ Yes ☐ No	Are you thinking about hurting yourself? ☐ Yes ☐ No	
Family/friends history of suicide? ☐ Yes ☐ No	Recent significant loss? ☐ Yes ☐ No	History of suicide attempt(s)? ☐ Yes ☐ No Last attempt? ____ Are you thinking about suicide now? ☐ Yes ☐ No	
Are you thinking about hurting others? ☐ Yes ☐ No	Ever hospitalized from head trauma? ☐ Yes ☐ No		
History of: Special education placement? ☐ Yes ☐ No	Learning disability? ☐ Yes ☐ No	Developmental disability? ☐ Yes ☐ No	Mental retardation? ☐ Yes ☐ No
History of violent behavior? ☐ Yes ☐ No	History of victimization? ☐ Yes ☐ No	History of sex offenses? ☐ Yes ☐ No	

EXAMINATION

General Appearance ☐ NAD ☐ Appears Hydrated ☐ Other ____

Oral Screening	Describe	Skin	Describe
☐ Unremarkable ☐ Missing Teeth ☐ Swelling ☐ Abscesses ☐ Cavities ☐ Other ☐ Lesions ☐ Dentures Loose		Visible skin exam? ☐ Yes ☒ No ☐ Unremarkable ☐ Surgical Scars ☐ Jaundice ☐ Open Lesion(s) ☐ Rash ☐ Pallor ☐ Sores ☐ Tracks ☐ Other ☐ Lacerations ☐ Tattoos	

DISPOSITION

Placement	Referral		Notification
☐ GP ☐ Isolation: Reason ____ ☐ Infirmary ☐ Observation ☐ Suicide Watch ☒ Other Segregation	☐ H & P ☐ Routine ☐ Expedited ☐ Nursing Sick Call ☐ Routine ☐ Expedited ☐ MD/NP/PA Sick Call ☐ Routine ☐ Expedited	☒ Mental Health Referral ☒ Routine ☐ Expedited ☐ Chronic Care Clinic ☐ Routine ☐ Expedited ☐ Dental Referral ☐ Routine ☐ Expedited	☐ Immediate Supervisor ☐ MD/NP/PA On Call ☐ ER For Transport

Consent for Treatment Signed	Access to Care Reviewed	Grievance Process Explained
☐ Yes ☐ No Reason ____	☐ Yes ☐ No Reason ____	☐ Yes ☐ No Reason ____

ADDITIONAL COMMENTS

Pt interviewed in Seg cell. Per DS pt has been unintelligible when spoken to, has been picky in cell talking and gesticulating. Unable to obtain VS due to unpredictable nature of pt's mental condition. When spoke to pt at this time, he states he was diagnosed with paranoid schizophrenia and has been on multiple meds, most recently Abilify 15mg. Pt states was hospitalized ~1½ months ago here. Pt unable to name any meds he has been on. Pt denies having schizophrenia and states he does not want to take his meds. Pt will have pt disp consent for Johnson Unit if he stays.

I My information is correct and I accept the provision of medical, dental, and mental health care.

Patient's Signature	Alison Tharp, PA Interviewer's Name (Print)	Interviewer's Signature	12/20/12 Date
Secondary Review (If Indicated)	Name (Print)	Signature	___/___/___ Date

CORIZON

General Consent to Medical Services

PATIENT INFORMATION

Patient Name:	Date of Birth: / /	SSN:

CONSENT TO TREATMENT

I do hereby authorize my health care provider to provide me with general clinical and emergency care.

My health care provider, mental health and dental staff will use clinical and patient management techniques that are reasonable, necessary and advisable.

Separate informed consent will be required for specific procedures.

In the event that a staff member is exposed to my blood or other bodily fluids, I agree to have my blood drawn and tested for Hepatitis B Virus (HBV), Hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). I understand that this testing would be done in a confidential manner, and would be made available only to the person (and physician responsible) who was exposed.

CONSENT FOR USE & DISCLOSURE OF HEALTH INFORMATION

I understand that, by signing this consent form, I am giving my consent to the use and disclosure of my protected health information as described on the Notice of Privacy Practices to carry out treatment, payment activities and health care operations.

SIGNATURE

Signature: _____

Printed: _____

_____ / / _____

Date Time AM/PM

INTERVIEWER

_____ _____ / /

Signature Date

_____ _____

Printed/Stamped Time AM/PM

TRANSPORT REPORT

Lane County Sheriff's Office

☒ Mental ☒ Prisoner ☐ Fed Prisoner

1. RELATED REPORTS: ☐ Incident ☐ Accident ☐ Custody ☐ Citation ☐ Prop. / Evidence ☐ Supplemental

Page 1 of 1

2. Case Number: 13-0686

3. Source: assign

PERSON

4. Last Name	First	Middle	Inmate #:	5. DOB	6. Age	7. Gender
Green	Kelly	Conrad II	1524456	05/21/1985	27	Male

8. AKA	9. Height	10. Weight	11. Hair	12. Eyes
	507	145	Bro	Hzl

13. Residential Address	14. City	15. State	16. Zip
Transient			

17. ☒ ILL
18. ☒ INJURED

19. Describe: Self inflicted injuries/3rd party release

TRANSPORT

20. DEPART FROM: Address / ☐ Lane County Jail	City	State	Zip	Date	Time
101 West 5th	Eugene	Or	97401	02/12/2013	1700
21. ARRIVE AT: 3333 Riverbend dr	Spfd	Or	97477	02/12/13	1710
22. DEPART FROM: 3333 Riverbend dr	Spfd	Or	97477	02/12/13	1915
23. ARRIVE AT: Address / ☑ Lane County Jail 101 WEST 5TH AVENUE	EUGENE	OR	97401	02/12/13	1930

24. Notes or Special Instructions:

PROPERTY

No.	City	25. Item	26. Brand	27. Model / Size / Color	28. Serial No.

Narrative

On the above listed date/time I transported Green (Via Medic 10) to Riverbend ER for treatment of self inflicted injuries sustained while in custody at LCAC.

Green was released to his father (Kelly Green 971-533-9278) via 3rd party release and provided a citation to appear in Eugene Muni. Court.

I returned to LCAC withou incident.

29. Transporting Officer / Radio Number:	30. Date / Time Prepared	31. Approved By / Radio Number:
Robb Ralph #149 41161	02/12/13/ 2220	

Form C77-335 Updated 8/2012

CORIZON

PROGRESS NOTES

Date/Time	Inmate's Name: Green, Kelly 1524456 D.O.B.: 5/21/85
12/21/12 1825	Pt/ sisters sandy Pullen phone (206) 498-1814 Report Pt is schizophrenic hasn't taken meds for 4 months. Pt/ was last seen at Western State Hospital in Tillicum WA — Abetw
12/22/12 2030	Pt sign release for Western State Hospital and is discharged — Abetw
1-2-13 0840	Pt called to clinic for 14 day / IWP physical. RN informed by Security staff that patient is inappropriate for clinic and will remain inappropriate as long as pt is housed in segregation. Security staff also informed RN that doing a physical on him is not safe at this time. — mCampbell RN
2/12/13 (S)	CALLED CODE 3 MEDICAL TO VISITING/COURT. IM BECAME UPSET & LEARNING NEWS, TURNED & RAN HIS HEAD INTO THE WALL THIS WAS WITNESSED NO LOC. NO PARALYSIS PT & SIGNIFICANT H/X FOR MENTAL ILLNESS
(O)	125/84 p 72 PTs Mental baseline, according to Witnesses, IS APPROPRIATE. HE IS NOT TOTALLY AWARE OF HIS SURROUNDINGS. CAN ANSWER THE SIMPLE QUESTION. BUT IS NOT APPROPRIATE. FOLLOWS

60111 (5/85) Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: GREEN, KELLY 1524456 D.O.B.: 05/21/85
2/12/13	SIMPLE COMMANDS, BUT IS DIFFICULT TO FOLLOW.
CONT...	STATES HE IS "PARALYZED" BUT IS MOVING ALL EXTREMITIES. ALSO STATES HE CAN'T HEAR ME BECAUSE HIS "EARS ARE PARALYZED".
	3" LACERATION @ CROWN. ANOTHER LAC IS 2" RUNNING PARALLEL & BONEY FX OR (1) ABNORMALITY. C-SPINE HELD/SUPPORTED DURING EXAM. CLEARED BY MYSELF & BONEY DEFORM. NE & FROM FACE & TRAUMA. PUPILS SLIGHTLY REACTIVE TO LIGHT. EOMI BILAT, & DIFFICULTY TRACKING (LAZY EYE) ON (R) (BASELINE FOR PT). & DENTAL/NASAL TRAUMA SCALP BLEEDING CONTROLLED & PRESSURE. PERRL LUNGS CTAB. NEUROVASC GROSSLY INTACT. PT TRANSPORTED TO CLINIC FOR FURTHER EVAL & LAC REPAIR.
	PROCEDURE - STERILE TECHNIQUE
	LIDOCAINE FOR ANESTHESIA. IRRIG & STERILE H2O
	5 SIMPLE INTERRUPTED SUTURES PLACED IN (R) LAC. 3-0 ETHILON. EDGES NICELY APPROXIMATED
	7 SI SUTURES IN (L) LAC. EDGES APPROX. WELL.
	HAIR TRIMMED AROUND WOUNDS.
	BLEEDING CONTROLLED. PT TOLERATED PROCEDURE WELL.
(A/P)	SCALP LACS & SURG. REPAIR
	WILL CONT. NEURO CHECKS q1-2°. PT TO BE RELEASED. WILL RECOMMEND COURTESY LIFT OVER FOR FURTHER/CONT. EVAL.

CORIZON

PROGRESS NOTES 1524456

Date/Time	Inmate's Name: GREEN, KELLY CONRAD II D.O.B.: 05/21/85
2/16/13 1730	At appx 1545, Pt seen in Seg @ DS Connell request. Upon entering cell pt seen in supine position. Pt slightly moved head toward door c this RN's arrival. Pt AaOx3: answers all orientation questions appropriately. States "I can't move" Pt verbally instructed to attempt to wiggle toes & fingers. Slight movement (R) 2nd & 3rd toe visualized. Ø gross movement BLE visualized. Ø Gross or fine movement visualized BUE. Pt denies pain, numbness/tingling. Denies HA, N/V. Pt appears incontinent of bowel. Ketchie PA notified of pt status Pt seen by PA. Instructions received to send for transport to ER. At appx 1600, this RN obtained VS using minimal movement (R) arm only. VS 84/62, 42, 14, 95% RA. PA notified @ appx 1610, awaiting EMT transport. Report given to EMTs upon arrival. Pt transported to ER SHRB ——— [illegible]
2/17/13	(S) CALLED TO EVAL PT IN SEG. HE IS IN NAD. DENIES PAIN. HE TURNS HIS HEAD TOWARDS ME, MAKING EYE CONTACT. LYING SUPINE, CONTINUES TO STATE THAT HE "CAN'T MOVE".
	(O) HYPOTENSIVE, BRADYCARDIC. SEE SPECIFIC VS ABOVE. CLEARLY MORE ALERT, ABLE TO ANSWER QUESTIONS. SIGNIFICANTLY ↓ SENSATION IN HANDS + FEET. IS MOVING THEM MINIMALLY, BUT IS UNABLE TO SQUEEZE MY FINGERS OR USE HIS FEET TO PUSH AGAINST RESISTANCE. ABD S/NT/ND. HEAD

60111 (6/86) Complete Both Sides Before Using Another Sheet

1524456

Date/Time	Inmate's Name: GREEN, KELLY CONRAD II D.O.B.: 05/21/85
2/12/13 CONT.	WOUNDS CLOSED, BLEEDING CONTROLLED. MOVING HEAD & NECK W/ APPARENT DISCOMFORT
	(A/P) HEAD TRAUMA - SUTURE REPAIRS NO EVIDENCE OF CEREBRAL HEMORRHAGE. DIMINISHING SENSATION & STRENGTH IS CONCERNING FOR POSSIBLE CERVICAL INJURY. WILL SEND TO ER FOR FURTHER EVAL.
Late entry 2/12/13 1552	Called to Sgt/Med to assist c cleanup d/t IM incont of feces. Standing on bed. (R) hand bruised (L) cheek bruised Swelling arms / fingers slightly. C/O neck pain. Cleaned peri area as good as possible. Sgt called c assistance from Sharon Tagum & DS Carrell. Brief (disposable) placed on him. Awaiting EMS arrival.

CORIZON

Mental Health Progress Note

DEMOGRAPHICS

Facility Name: LANE COUNTY JAIL | Inmate Number: 152456

Inmate Name: GREEN, KELLY | Date of Birth: 5/21/85

Today's Date: 12/31/12 | Time Seen: AM / PM | Sex: [X] Male [ ] Female

MEDICATIONS

Current Medications *(all)*:

Med Complaint: ○No ○Yes: | Side Effects: ○No ○Yes:

Labs Ordered: ○No ○Yes | Previous Labs Reviewed: ○No ○Yes | Lab Results:

ABILIFY

MENTAL STATUS EXAM

SUBJECTIVE Inmate Comments/Chief Complaint: "I HAVE NO PARANOIA OR VOICES" (FAMILY REPORTS HE HAS SCHIZOPHRENIA). HOMELESS 5-6 MONTHS, USED TO LIVE IN WA (ACKNOWLEDGED DX OF SCHIZ AND BEING ON SSI).
& MARIJUANA – "I HAVE A LOT OF FUN SMOKING"

OBJECTIVE Mental Status: Orientation: Person: [X]Yes ○No Place: [X]Yes ○No Time: [X]Yes ○No Situation: [X]Yes ○No

Insight: [X]Poor ○Fair ○Good Judgment: [X]Poor ○Fair ○Good

Appearance Behavior (check all that apply): [ ] Adequate grooming and hygiene [ ] Calm and Cooperative [ ] Normal social rhythm

[ ] Angry/Agitated [X] Guarded [ ] Other:

Sleep: ○Poor [X]Fair ○Good Appetite: ○Poor [X]Fair ○Good

Mood/Affect (check all that apply): [ ] Stable affect/unremarkable & mood congruent [X] Flat [ ] Expansive

[ ] Euthymic Mood [ ] Dysphoric Mood [ ] Other: VACANT GAITS

Speech (check all that apply): [ ] Unremarkable [ ] Pressured [ ] Loud [X] Soft spoken [X] Difficult to interrupt

[ ] Other: SLOW

Abnormal Movements: [X]No ○Yes:

Thought Form (check all that apply): [ ] Goal directed [ ] Logical [ ] Coherent [ ] Circumstantial [ ] Perseverative

[ ] Obsessional [X] Loosely associated [X] Tangential [X] Fragmented [ ] Other:

Thought Content (check all that apply): [ ] No evident psychosis [X] Delusional content [ ] Flight of ideas

[ ] Ideas of reference [X] Auditory hallucinations [ ] Visual hallucinations [ ] Paranoia

[ ] Other:

Current Suicidal Ideation: [X]No ○Yes: Plan of Action:

Current Homicidal Ideation: [X]No ○Yes: Plan of Action:

[ ] Additional notes on reverse.

Cognitive Functioning: [X] No gross cognitive deficits apparent [ ] Diminished ability to concentrate nearly everyday (cite objective information to support, i.e. decline in work or school performance): UNKNOWN.

[ ] Other Findings:

ASSESSMENT ○Stable ○Minimal Improvement ○Moderate Improvement ○Unchanged from last F/U

○Other: MENTALLY ILL MAN LIVING IN DENIAL OF HIS SPMI AND USING SUBSTANCES THAT POTENTIALLY EXACERBATE SYMPTOMS.

Diagnosis: SCHIZOPHRENIA, PARANOID TYPE (BY SELF-REPORT)

Diagnosis Changed: ○No ○Yes:

PLAN ○Referral to Other MH Services or MH Clinician: (Specify) REFUSES TX

Ongoing Patient Education about medications and illness ○No ○Yes:

Plan for continued mental health treatment: AS NEEDED

Next appointment: ____ [ ] Days [ ] Weeks [ ] Months [ ] Continued on back

Mental Health Staff Signature: [signature] MA LPC | Name (print): Jacob Pleich, M.A. LPC Mental Health Specialist

CORIZON

Mental Health Progress Note

DEMOGRAPHICS

Facility Name: LANE COUNTY JAIL | Inmate Number: 1524456

Inmate Name: GREEN, KELLY | Date of Birth: 5/21/85

Today's Date: 1/3/13 | Time Seen: (AM) PM | Sex: [X] Male [ ] Female

MEDICATIONS

Current Medications *(all)*:

Med Complaint: ○ No ○ Yes: ____ Side Effects: ○ No ○ Yes: ____

Labs Ordered: ○ No ○ Yes Previous Labs Reviewed: ○ No ○ Yes Lab Results: ____

MENTAL STATUS EXAM

SUBJECTIVE Inmate Comments/Chief Complaint: "STOP LOOKING AT ME LIKE IM MENTALLY ILL"... SAYS HE CAN TELL HOW IM JUDGING HIM. CONFUSED THINKING.

OBJECTIVE Mental Status: Orientation: Person: (Yes) ○ No Place: (Yes) ○ No Time: (Yes) ○ No Situation: (Yes) ○ No

Insight: (Poor) ○ Fair ○ Good Judgment: (Poor) ○ Fair ○ Good

Appearance Behavior (check all that apply): [ ] Adequate grooming and hygiene [X] Calm and Cooperative [ ] Normal social rhythm

[ ] Angry/Agitated [X] Guarded [ ] Other: OLD/STRANGE

Sleep: ○ Poor ○ Fair (Good) Appetite: ○ Poor (Fair) ○ Good

Mood/Affect (check all that apply): [ ] Stable affect/unremarkable & mood congruent [X] Flat [ ] Expansive

[ ] Euthymic Mood [ ] Dysphoric Mood [ ] Other: ____

Speech (check all that apply): [X] Unremarkable [ ] Pressured [ ] Loud [ ] Soft spoken [ ] Difficult to interrupt

[ ] Other: ____

Abnormal Movements: (No) ○ Yes: ____

Thought Form (check all that apply): [ ] Goal directed [ ] Logical [ ] Coherent [X] Circumstantial [ ] Perseverative

[ ] Obsessional [ ] Loosely associated [ ] Tangential [X] Fragmented [ ] Other: ____

Thought Content (check all that apply): [ ] No evident psychosis [ ] Delusional content [ ] Flight of ideas

[ ] Ideas of reference [ ] Auditory hallucinations [ ] Visual hallucinations [ ] Paranoia

[ ] Other: DENIES PSYCHOTIC FEATURES, BUT IS HISTORICALLY MENTALLY ILL.

Current Suicidal Ideation: (No) ○ Yes: Plan of Action: ____

Current Homicidal Ideation: (No) ○ Yes: Plan of Action: ____

[ ] Additional notes on reverse.

Cognitive Functioning: [ ] No gross cognitive deficits apparent [X] Diminished ability to concentrate nearly everyday (cite objective information to support, i.e. decline in work or school performance): UNKNOWN

[ ] Other Findings: ____

ASSESSMENT ○ Stable ○ Minimal Improvement ○ Moderate Improvement ○ Unchanged from last F/U

○ Other: ____

Diagnosis: R/O PSYCHOTIC DISORDER, NOS

Diagnosis Changed: (No) ○ Yes: ____

PLAN ○ Referral to Other MH Services or MH Clinician: (Specify) ____

Ongoing Patient Education about medications and illness ○ No ○ Yes: ____

Plan for continued mental health treatment: AS NEEDED

Next appointment: ____ [ ] Days [ ] Weeks [ ] Months [ ] Continued on back.

Mental Health Staff Signature: [signature] MA-LPC | Name (print): Jacob Pleich, M.A. LPC Mental Health Specialist

CORIZON

Mental Health Evaluation Tools (METS): Suicide Watch Status

DEMOGRAPHICS:

Inmate Name: GREEN KELLY (Last / First / MI) Birthdate: 5/21/85

Facility: LANE COUNTY JAIL Inmate Number: 1524456

Date of Report: 2/12/13 Time Seen: AM (PM)

SUBJECTIVE:

Chief Complaint: "I JUST WANT TO DIE"... SO MANY THINGS GONE WRONG LAST 1.5 YRS. I CAN'T MOVE".

Coping Strategies Expressed: NONE

Onset: UNKNOWN; CURRENT M.H. ISSUES LASTING AT LEAST LAST 24 MONTHS (IN CUSTODY)

History of Suicidal and Self-Injurious Behaviors: UNKNOWN; HISTORY OF SUICIDE WATCHES

☐ Check here if additional notes on back

OBJECTIVE: Mental Status

Appearance / Behavior:	☐ Adequate grooming & hygiene	☐ Normal social rhythm	☐ Calm & cooperative
	☐ Angry & agitated	☒ Other: DISHEVELED; CATATONIC/MOTIONLESS	
Mood / Affect:	☐ Euthymic mood	☒ Dysphoric mood	☐ Stable affect
	☐ Other:		
Speech:	☐ Normal	☐ Pressured	☒ Difficult to interrupt
	☐ Other:		
Thought Form:	☐ Goal directed	☒ Circumstantial	☐ Perseverative
	☐ Obsessional	☒ Loosely associated	☐ Tangential
	☐ Illogical	☒ Fragmented	
Thought Content:	☐ Delusional content	☒ Flight of ideas	☐ Auditory hallucinations
	☐ Visual hallucinations	☐ Other: UNKNOWN OTHER SX.	
Cognitive Functioning:	☐ No gross cognitive deficits apparent	☐ Other findings: IMPAIRED	

	Observed Y	Observed N	Offender Reported Y	Offender Reported N	
Current suicide ideation, threats, behavior, or plan	☒	☐	☒	☐	☒ ATTEMPTED TO KILL HIMSELF BY RUNNING INTO CONCRETE WALL HEAD-FIRST.
Current self-injurious ideation, threats, behavior, or plan	☒	☐	☒	☐	
Delusional ideation	☒	☐	☐	☒	
Psychotic symptoms	☒	☐	☐	☒	
Agitation, anxiety, or tension	☐	☒	☐	☒	
Depressive symptoms	☒	☒	☐	☒	
Deterioration in appearance, self-care or hygiene*	☐	☐	☐	☐	*Unless restrictions due to suicide watch
Disoriented to person, place, time, and situation	☒	☐	☐	☐	?
Uncooperative with assessment	☐	☒	☐	☐	
Other:	☐	☐	☐	☐	

All "yes" responses require further evaluation by a mental health professional before terminating suicide watch status. Suicide risk increases where there is a specific plan, strong intent, and a history of previous attempts.

ASSESSMENT:

Provisional Diagnosis: PSYCHOTIC DISORDER NOS; R/O SCHIZOPHRENIC PARANOID TYPE (BY FAMILY HX)

☐ Referral NOT REQUIRED

☒ Further evaluation REQUIRED due to the following: UNSTABLE; ACTIVELY SUICIDAL

Comment: You should contact a psychiatrist and/or the Mental Health Program Coordinator/Director if you have concerns about the status of the patient or are unsure of the appropriate treatment recommendations.

PLAN:

Check all that apply:

☒ Remain on suicide watch status	☒ Psychiatry referral
☐ Remove from suicide watch status & initiate step down procedures	☐ Behavior management plan developed
☐ Referral to other MH Services:	☐ No current intervention/recommendation indicated
☐ Patient education	☐ Other:

Mental Health Staff Signature | Title | Jacob Pleich, M.A. LPC Mental Health Specialist Print/Stamp

CORIZON

MEDICAL OBSERVATION/SEGREGATION LOG

DEMOGRAPHICS

Facility Name: Irac	Location: D24	Inmate Number: 524456
Inmate Name: Green, Kelly	Date of Birth: 5/2/1985	Sex: ☒ Male ☐ Female
Date of Segregation: 12/29/12	Date of Release from Segregation: 1/3/13	

DOCUMENTATION

DATE	TIME	DESCRIBE CURRENT CONDITION: Awake, Sleeping, Agitated, Talkative, Hostile O.K., Happy, Depressed, Very Quiet, Etc.	ANY VERBAL HEALTH COMPLAINTS AS STATED BY INMATE	ANY SIGNIFICANT PHYSICAL FINDINGS	INITIALS
12/31/12	1500	laying on bunk	"no"	✓	✓
1.1.13	0900	laying on bunk - sleeping	✓	✓	DS
1/1/13	2000	laying on bunk	"no"	✓	✓
1.2.13	0900	Laying on bunk -	✓	✓	✓
1/2/13	1830	awake. laying on bunk.	"no"	✓	✓
1.3.13	1000	awake. Sitting on bunk	✓	✓	✓

UPON COMPLETION, PLACE IN MEDICAL RECORDS

SIGNATURE BOX

DATE	INITIALS	SIGNATURE/TITLE	DATE	INITIALS	SIGNATURE/TITLE
12/31/12	✓	[signature]			
1.1.13	PS	[signature]			
1.3.13	ST	[signature]			

FOR OFFICE USE ONLY
SY SN
Insurance
PHS PRE-CERT #

CORIZON

Emergency Room Referral

Date: 2/12/13

From: LCAC
(Referring Physician/Institution)

Site Name: Site #

To: RIVERBEND
(Consulting Physician/Address)

Bill direct to:
CORIZON
105 Westpark Dr., Suite 200
Brentwood, TN 37027
Attn: Claims Dept.

PRISONERS PLAN ESCAPES!
DO NOT inform prisoners of date/time of revisits or impending hospitalization.

ER PHYSICIANS: If hospital admission is recommended, please notify PHS beforehand.
Name:
Phone:

Inmate's Name: GREEN, KELLY CONRAD II
Inmate's I.D. # 1524456
Date of Birth: 05/21/65
Social Security # - -
Written by: K. WHITE A.C
UR Auth #

REASON FOR REFERRAL: Include date of onset, present treatment, history of injury or illness, include all x-ray and lab results with consultation.

I/M, WHILE HANDCUFFED & ESCORTED BY OFFICER, PURPOSELY HIT HIS HEAD ON THE WALL. HE WAS APPROX 2 FT FROM WALL BEFORE IMPACT. HE HAD 2 1-CM SCALP LACERATIONS WHICH IS BEEN BLEEDING PROFUSELY. C-SPINE HELD DURING EXAM. PT MOVING ALL LIMBS. NO C/O NECK PAIN OR NUMBNESS. HE IS SCHIZOPHRENIC. MOVED TO CLINIC BY WC FOR SUTURES. 3 HRS LATER, HE C/O ↓ SENSATION + MOVEMENT IN HIS EXTREMITIES AS WELL AS NECK PAIN. SENT ER, COURTESY DROP F BEING RELEASED

T ____ P ____ R ____ TO ____ B/P ____

Financial Responsibility

PHYSICIAN'S REPORT

Significant Findings, Including Tests Done:

Diagnosis:

Orders/Recommendations:

M.D. Signature ____ Date ____ / ____ / ____

CORIZON70062

(White - Health Record Copy, Yellow - Physician Copy)